DR-2 Disclosure Summary Page

Iowa Medical Lea	dership PAC			Status:	Audited
Committee Type:	Iowa PAC		1	Statutory Due Date	1/19/2016
County:	_NA		1	Adjusted Due Date	
District:	0		1	Filed Date	1/19/2016 8:08:52 AM
Committee Code:	9784		1	Postmark Date	
Political Party:	Not Available		1	Amendment Date	2/16/2017 8:50:34 AM
Report Date:	2015	Candidate Na	an	ne:	•

Treasurer

Last Name: Mulkey, M.D.	First Name:	Mark	MI: W	
Address: 250 S Crescent Dr				
City: Mason City	State: IA	Zip Code:	50401	Phone: 641-422-6680
E-Mail: mmulkey@mcclinic.com				

Chairperson

Last Name: Dettmer			ne: Tim	nothy	MI:	
Address: 250 S Crescent Dr						
City: Mason City	State: IA	Zip Co	de: 504	Phone:	641-494-5400	
E-Mail:						

Statement of Cash On Hand

Cash on Hand at Start of Period	\$14,067.69
Schedule A: Cash Contributions Total	\$1,200.00
Schedule F1: Loans Received Total	\$0.00
Schedule H2: Campaign Property Sales	\$0.00
Sub-Total	\$15,267.69
Schedule B: Expenditure Total	\$2,000.00
Schedule F2: Cash Loan Repayments	\$0.00
Cash on Hand at End of Period	\$13,267.69

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: Unpaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$0.00
Schedule F2: Forgiven Loans	\$0.00
Schedule F2: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown	No
Schedule H1: Campaign Property Value	\$0.00